



Department of Motor Vehicles
Tax Services
P.O. Box 27422
Richmond, Virginia 23269-7422

VIRGINIA FUELS TAX MOTOR FUEL TRANSPORTER'S REPORT

FT461 (Rev. 07/03)

Read the filing information and instructions on the back.

A \$50 PENALTY WILL BE CHARGED IF YOUR REPORT IS NOT FILED ON TIME.

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Amended Report

(Check this box if this is an amended report.)

TRANSPORTER INFORMATION

Please Print in Ink or Type

Name		FEIN/SSN		Report Month and Year	
Mailing Address		City		State	Zip Code
Telephone Number ()	Fax Number ()		e-mail Address		

PRODUCT LOAD INFORMATION

TOTAL GALLONS

1. Product Loaded in Virginia at a Terminal or Bulk Plant and Delivered to Another State (Schedule 1A)	
2. Product Loaded in Another State at a Terminal or Bulk Plant and Delivered to Virginia (Schedule 2A)	
3. Total Product Transported (Sum of Lines 1 and 2)	

SECTION 2 – PENALTY AND INTEREST CALCULATION

4. LATE REPORTS ONLY: Record the Penalty for late reports. (\$50)	\$
5. LATE REPORTS ONLY: Calculate the interest for late reports at \$.01 times Line 4. compounded monthly.	\$
6. Add together Lines 4 and 5 to calculate the TOTAL AMOUNT DUE.	\$

CERTIFICATION

I certify that I have read this report and all supporting documents and know their contents and that all information on both the report and supporting documents is true and accurate, and complete.		
Authorized Representative's Name (please print)		Title
Authorized Representative's Signature		Date
Telephone Number ()	Fax Number ()	e-mail Address

**VIRGINIA FUELS TAX
MOTOR FUEL TRANSPORTER'S REPORT**

FT461 (Rev. 07/03)

FILING INFORMATION

Provide all information requested on this report.

Attach all required schedules.

Your report must be:

- postmarked by the 15th of the second month after the report month, **or**
- received at DMV by the 20th of the second month after the report month.

ENCLOSE THE \$50 PENALTY IF YOUR REPORT IS NOT FILED ON TIME.

INSTRUCTIONS

TRANSPORTER INFORMATION

Name -- Enter the name your company.

FEIN/SSN -- Enter your company's Federal Employment Identification Number or social security number.

Report Month and Year -- Enter the month and year for which you are reporting.

Mailing Address, City, State, Zip Code -- Enter the mailing address of your company.

Telephone Number, Fax Number, e-mail Address -- Enter your company's telephone number, fax number, and if applicable, e-mail address.

PRODUCT LOAD INFORMATION

Follow the instructions provided on each line.

PENALTY AND INTEREST CALCULATION

Complete this section for **Late Reports Only**.

Follow the instructions provided on each line.

CERTIFICATION

Authorized Representative's Name, Title. Print or type the name and title of the person authorized by the licensee to sign this report.

Authorized Representative's Signature, Date. Authorized Representative: Sign your name and write the date in the space provided.

Telephone Number, Fax Number, e-mail Address. Enter the authorized representative's telephone number, fax number, and, if applicable, e-mail address.